

## HE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

M.A. Bailey

Attorney Docket No.: BARK121462

Application No.: 10/618,435

Group Art Unit: 2855

Filed:

July 10, 2003

Examiner: M.H. Noori

Title:

LOAD ASSEMBLY

## TRANSMITTAL LETTER/ PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED UNINTENTIALLY UNDER 37 C.F.R. SECTION 1.137(b)/ AMENDMENT/ PETITION FOR EXTENSION OF TIME

Seattle, Washington 98101 June 10, 2005

### TO THE COMMISSIONER FOR PATENTS:

#### A. **Petition Transmittal**

Transmitted herewith is a Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 C.F.R. Section 1.137(b) in the above-identified application. The enclosed check includes the petition fee of \$1,500.

#### B. **Amendment Transmittal**

Transmitted herewith is an amendment in the above-identified application.

1. No additional claim fee is required, as shown below.

X 2. The claim fee has been calculated as shown below.

COMPUTATION OF FEE FOR CLAIMS AS AMENDED

|                    | Claims<br>Remaining |   | Highest<br>Number |   |         |   | ō    |   |            |
|--------------------|---------------------|---|-------------------|---|---------|---|------|---|------------|
| ,                  | After               |   | Previously        |   | Present |   |      |   | Additional |
|                    | Amendment           |   | <b>Paid For</b>   |   | Extra   |   | Rate |   | Fee        |
| Total Claims       | 19                  | - | 33                | = | 0       | Х | 50   | = | 0          |
| Independent Claims | 6                   | - | 4                 | = | 2       | x | 200  | = | 400        |
|                    | TOTAL               |   |                   |   |         |   |      |   | \$400      |

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# UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                        |                           |                             |                       |                 |            |  |  |  |  |  |
|--|---------------------------|-----------------------------|-----------------------|-----------------|------------|--|--|--|--|--|
| 1 Date of Request: 427 05 2 Serial/Patent # 10018435 |                           |                             |                       |                 |            |  |  |  |  |  |
| 3 Please refund the following fee(s):                |                           |                             | PER<br>IBER           | 5 DATE<br>FILED | 6 AMOUNT   |  |  |  |  |  |
| Filing   |                           |                             |                       |                 | \$         |  |  |  |  |  |
| Amendment  |                           |                             |                       |                 | \$         |  |  |  |  |  |
| Extension of Time                                    |                           |                             | _                     | 10/15/05        | \$ 1020.00 |  |  |  |  |  |
| Notice of Appeal/Appeal                              |                           |                             |                       |                 | \$         |  |  |  |  |  |
| Petition   |                           |                             |                       |                 | \$         |  |  |  |  |  |
| Issue  |                           |                             |                       |                 | \$         |  |  |  |  |  |
| Cert of Correction/Terminal Disc.                    |                           |                             |                       |                 | \$         |  |  |  |  |  |
| Maintenance  |                           |                             |                       |                 | \$         |  |  |  |  |  |
|  | Assignment                |                             |                       |                 | \$         |  |  |  |  |  |
|  | 0ther                     |                             |                       |                 | \$         |  |  |  |  |  |
|  |                           | 7 TOTAL AMOUNT<br>OF REFUND |                       |                 | \$ 1020.00 |  |  |  |  |  |
|  |                           |                             | 8 TO BE REFUNDED BY:  |                 |            |  |  |  |  |  |
| 10 REASON:   |                           |                             | / Treasury Check      |                 |            |  |  |  |  |  |
| Overpayment  |                           |                             | Credit Deposit A/C #: |                 |            |  |  |  |  |  |
|  | Duplicate Payment         | 903-1740                    |                       |                 |            |  |  |  |  |  |
|  | No Fee Due (Explanation): |                             |                       |                 |            |  |  |  |  |  |
| EDT Was not timely submitted of                      |                           |                             |                       |                 |            |  |  |  |  |  |
| is therefore unnecessioner                           |                           |                             |                       |                 |            |  |  |  |  |  |
| 11 REFUND REQUESTED BY:                              |                           |                             |                       |                 |            |  |  |  |  |  |
| TYPED/PRINTED NAME: Llana Chase TITLE: Paralegal     |                           |                             |                       |                 |            |  |  |  |  |  |
| SIGNATURE: Manahase PHONE: 272-32010                 |                           |                             |                       |                 |            |  |  |  |  |  |
| OFFICE: Petitions Alc.                               |                           |                             |                       |                 |            |  |  |  |  |  |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:            |                           |                             |                       |                 |            |  |  |  |  |  |
| APPROVED: Clicia Killey DATE: 627/05                 |                           |                             |                       |                 |            |  |  |  |  |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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